



The City of REVERE, MASSACHUSETTS

Brian M. Arrigo
Mayor

FOOD ESTABLISHMENT PERMIT APPLICATION (Please fill out both sides)

American Legion Building Rear
249 Broadway
Revere, MA 02151
Tel: (781) 286-8176
Fax: (781) 286-8369

BOARD OF HEALTH

- 1) Establishment Name:
- 2) Establishment Address:
- 3) Establishment Mailing Address:
- 4) Establishment Telephone Number:
- 5) Applicant Name & Title:
- 6) Applicant Address:
- 7) Applicant Telephone Number (24 hours):
- 8) Owner Name & Title:
- 9) Owner Address:

DATE:

10) Establishment Owned by: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership: give name, title & home address of officers or partner.
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| 12) Establishment Type (check all that apply)
<input type="checkbox"/> Retail Food:...0-1000 sq. ft. \$75
<input type="checkbox"/> Retail Food:...1000-7500 sq. ft. \$150
<input type="checkbox"/> Retail Food...>7500 sq ft. \$300
<input type="checkbox"/> Milk \$25
<input type="checkbox"/> Ice Cream \$30
<input type="checkbox"/> Frozen Dessert Manufacturing \$30
<input type="checkbox"/> Residential Kitchen for Retail Sale \$100
<input type="checkbox"/> Residential Kitchen for Bed & Breakfast Home \$150
<input type="checkbox"/> Residential Kitchen for Bed & Breakfast Establishments \$150
<input type="checkbox"/> Wholesale Bakery \$100 | <input type="checkbox"/> Food Service:...0-50 seats \$100
<input type="checkbox"/> Food Service:...50-1 max over \$300
<input type="checkbox"/> Food Service-Take Out
<input type="checkbox"/> Food Service-Institution
(_____meals/day)
<input type="checkbox"/> Food Delivery
<input type="checkbox"/> Caterer \$150
<input type="checkbox"/> Mobile Food \$100
Vehicle Registration # _____
<input type="checkbox"/> Temporary Food Service \$50/stand
(Carnivals, fairs, etc.)
<input type="checkbox"/> Food Service Open-Air (Flea Market, etc.) \$125
<input type="checkbox"/> Tobacco Sales Permit \$75 |
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TOTAL AMOUNT DUE \$ _____

**Make check payable to the CITY OF REVERE HEALTH DEPARTMENT
PAYMENT DUE WITH APPLICATION-NO CASH CAN BE ACCEPTED.
PAYMENTS MADE AFTER 30 DAYS ARE SUBJECT TO A 25% LATE FEE**

- 13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)
 Name & Title:
 Address:
 Telephone Number: Fax Number:
- 14) District or Regional Supervisor (if applicable):
 Name & Title:
 Address:
 Telephone Number: Fax Number:
- 15) Name of Person in Charge Certified in Food Protection Management:

Food Establishing Information

- 16) Water Source: _____ 17) Sewage Disposal: _____
 DEP Public Water Supply No (if applicable): _____
 18) Days and Hours of Operation: _____ 19) No of Food Employees: _____
 20) Person Trained in Anti-Choking Procedures (if 25 seats or more): YES NO
 21) Location (check one): Permanent structure Temporary
 22) Length of permit (check one): Annual Seasonal Dates: _____
 Temporary/Dates/Times: _____

23) Food Operations (check all that apply)	Definitions: PHF-Potentially Hazardous food (time/temperature controls required) Non PHFs- non potentially hazardous foods (no time/temperature controls required) RTE-Ready to eat foods [Ex. Sandwiches, salads, muffins, which need no further processing]	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non PHFs	<input type="checkbox"/> PHFs cooked to order	<input type="checkbox"/> Hot PHF cooked and cooled or hot held for more than a single meal service
<input type="checkbox"/> Sale of Commercially Pre-packaged PHFs	<input type="checkbox"/> Preparation of PHFs for hot and cold holding for single meal service	<input type="checkbox"/> PHF and RTE foods prepared for highly susceptible population facility
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale of raw animal foods intended to be prepared by customer	<input type="checkbox"/> Vacuum packaging/ Cook Chill
<input type="checkbox"/> Reheating of commercially processed foods for service within 4 hours	<input type="checkbox"/> Customer Self Service	<input type="checkbox"/> Use of process requiring a variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Customer Self service of Non-PHF and non-perishable foods only	<input type="checkbox"/> Ice manufactured and packaged for retail sale	<input type="checkbox"/> Offers raw or undercooked food of animal origin
<input type="checkbox"/> Preparation of Non-PHFs	<input type="checkbox"/> Juice manufactured and packaged for retail sale	<input type="checkbox"/> Prepares food/single meals for catered events or Institutional food service
<input type="checkbox"/> Other (Describe): _____	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	To be completed by the Board of Health Total permit fee: _____ Payment is due with application
	<input type="checkbox"/> Retail sale of salvage, out-of-date, or reconditioned food	

- 24) Retailer's License for sale of cigarettes: _____ Department of Revenue License Number: _____
 Issue Date: _____
 25) Restaurant/ Food service: Total # of seats: _____ Non-Smoking Seats (100%) _____
 26) Mobile food units/pushcarts: _____ Application for mobile food units or pushcarts must include a list of handwash and toilet facilities available on each route. Attach a separate sheet.
 27) Extermination-Frequency of service (check one) Weekly Bi-Monthly Monthly
 Contractor's name: _____ telephone #: _____
 28) Rubbish/Garbage Collection- Frequency of service (check one)
 Daily Bi-Weekly Weekly Bi-Monthly Monthly
 Private Collection: Contractor's name: _____ Telephone #: _____
 Address: _____
 29) Dumpster on Location (check one): YES NO
 30) Trash barrels required if Private off-street Parking Provided. # of barrels: _____
 Barrels need to be emptied at least once a day or more often if necessary.
 30A) Grease Trap YES NO Grease Trap service by _____ Frequency _____

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of CMR 590.000 and the federal food code.

31) Signature of applicant: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law.

32) Social Security Number or Federal ID: _____

Signature of Individual or Corporate Name: _____